Joshua Trojak

RECEIVED FEC MAIL GENTER

2016 MAR -8 AM 8: 42

Committee Name:
Committee for New Jersey Priorities
If registered, FEC ID:
Today's Date:
10/20/2015
Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463
Re: Form 1, Statement of Organization—Unlimited Contributions
To Whom It May Concern:
This committee intends to make independent expenditures, and consistent with
the U.S. Court of Appeals for the District of Columbia Circuit decision in
SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This
committee will not use those funds to make contributions, whether direct, in-kind,
or via coordinated communications, to federal candidates or committees.
Respectfully submitted,

, Treasurer

2016 03 0 8 -03-00055283

FEC

Only

STATEMENT OF

RECEIVED FEC MAIL CENTER

(Revised 02/2009)

2016 MAR -8 AM 8: 42 **ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADDRESS (number and street) (Check if address is changed) STATE ZIP CODE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) JIMTRIOIJAKEGMAILL · COM (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Joshua Trojak Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

	orm 1 (Revised 02/2009) Page 2
	COMMITTEE
Candidate	e Committee:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Candidate Party Affiliat	Office State ion Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	nmittee:
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Pa
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
loint Fun	draising Representative:
g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number

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FEC Form 1 (Revised 02/2009)		<u> </u>	Page 3
Write or Type Committee Name			
COMMITTEE FOR NEW JE	ERSEY PRIORITIES		
6. Name of Any Connected Organization, Affiliate	d Committee, Joint Fundraising Repre	sentative, or	Leadership PAC Sponsor
NONE			
Mailing Address			
		<u> </u>	
	· CITY	STATE	ZIP CODE
Relationship: Connected Organization Aff	iliated Committee Joint Fundraising F	depresentative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address books and records. 	s (phone number optional) and position	n of the perso	on in possession of committee
Full Name JOSHUA TROJAK	<u> </u>		<u> </u>
Mailing Address 41 WATCH	UNG PLAZA #140		
Litain			111111111
MONTCLAIF	3	NJ	07042
Title or Position	CITY	STATE	ZIP CODE
TREASURER	Telephone numb	er 604	11-12/71-12338
 Treasurer: List the name and address (phone nur any designated agent (e.g., assistant treasurer). 	nber optional) of the treasurer of the o	ommittee; an	d the name and address of
Full Name of Treasurer JOSHUA TROJAI	,		
Mailing Address 41 WATCHU	JNG PLAZA #140	<u> </u>	
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MONTCLAI	R	NJ	07042
Title or Position	CITY	STATE	ZIP CODE
TREASURER	Telephone numb	er 160	9-1217-12338

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FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of			
Designated Agent		1 1.4-1 1 1 1 1	لتستنبيت
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		3,,,,,	-11 0052
		Telephone number	<u>il-L.J-L</u>
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds.	which the committee deposits t	funds, holds accounts, rents
Name of Bank, Depository			
_[AMA	LGAMATED BANK, , , ,	- <u>- 1 1 1 1 1 1 1 1 1 1 </u>	
Mailing Address	1825,K,S,T,NW,	<u> </u>	
V 4			
	WASHINGTON	DÇ]	20006
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		£
	<i>"</i> · · · · · · · · · · · · · · · · · · ·		
Mailing Address			
	CITY	STATE	ZIP CODE

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Washington, O.C. 20463 Federal Election Commission 109 De E Shad, N.W.

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Manteleir, NJ 67042

26 FEB 2016 PW 11

PREPARER (3/2015)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt 3/36/16 **USPS First Class Mail** 3/8/16 Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):